

Case Number:	CM13-0045473		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2005
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with injury date of 9/13/2005. Mechanism described as repetitive in nature. Diagnosis of cervical/lumbar discopathy, post C5-7 cervical total disc replacement, status post L4-S1 posterior lumbar inter body fusion with removal of hardware and double crush syndrome. Report from [REDACTED] (Orthopedics) reviewed. Last report available from 9/5/13. Patient complaining of cervical spine pain radiating down both arms associated with numbness and headaches. L hand pain radiating to fingers and tingling with numbness. Lumbar spine with constant pain radiating down both legs. Objective exam revealed cervical spine with paravertebral spasms and positive axial loading test. Generalized weakness and numbness in upper extremities. Median nerve reproducible symptomatology. Lumbar spine exam reveals pain and tenderness in mid to distal lumbar with some guarding and restriction with flexion and extension. Slight dysaesthesia in lower extremities. There is note that patient is on medication for pain but no medication list or even type of pain med was provided in records. There is a note from 8/15/13 that notes that urine was collected for monitoring for continued medication monitoring but no other report on why this was necessary or done by treating physician. X-rays of cervical spine on 9/13 reveals total disc displacement in place at C5-6 and C6-7 region with junctional pathology in C3-4. Lumbar Xray reveals interbody cage in L4 to S1 in good position. L hand Xray was normal. Prior treatment includes L wrist injection and brace. Also had physical therapy of wrist and neck. Patient received lumbar disc fusion of L4-S1 after attempts at back support and medications on 1/08. Neck surgery in 2009 and repeat back surgery in 2009. Utilization review is for urine drug screen. Prior utilization on 10/21/13 recommended non-certification due to lack of available information.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: As per MTUS Chronic Pain Management guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. However, there is no provided information to recommend urine drug testing in this case. While patient may be on opioid pain meds, no medication list was submitted for review and there is no provided documentation from treating physician concerning drug monitoring program or case to support urine drug testing. Urine drug screen is not recommended.